## **D Neuro Parkinsons Disease**

Record ID	
	for Parkinson's Disease (Parkinsonism) based on
Presence of:  Category 1 - Parkinsonism	☐ Bradykinesia ☐ Tremor ☐ Rigidity
Category 1 Criteria Met	
Category 2 - Exclusion criteria	<ul> <li>□ Cerebellar abnormalities</li> <li>□ Supranuclear gaze palsy</li> <li>□ Diagnosis of behavioral variant of frontotemporal dementia or primary progressive aphasia within 5 years of disease onset</li> <li>□ Parkinsonian features restricted to the lower limbs for more than 3 years</li> <li>□ Treatment with a dopamine receptor blocker or dopamine depleting agent consistent with drug-induced parkinsonism</li> <li>□ Absence of a response to high-dose levodopa despite at least moderate disease severity</li> <li>□ Cortical sensory loss, clear limb ideomotor apraxia, or progressive aphasia</li> <li>□ Normal functional imaging of the dopaminergic system ("DAT scan")</li> <li>□ Diagnosis of alternative condition causing parkinsonism which could be causing the symptoms</li> </ul>
Category 2 Criteria Met	
Category 3 - Supportive criteria	☐ Clear beneficial response to dopaminergic therapy ☐ Presence of levodopa-induced dyskinesia ☐ Rest tremor of a limb ☐ The presence of either olfactory loss or cardiac sympathetic denervation on MIBG scintigraphy (although the latter is rarely done in current practice)
Category 3 Criteria Met	
Does the patient meet the diagnostic criteria for Parkinson's Disease (Parkinsonism) based on the criteria above?	

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2. Disease Type	
Specify the subtype of Parkinson's Disease in the patient:	<ul> <li>○ Idiopathic Parkinson's Disease (IPD)</li> <li>○ Multiple System Atrophy (MSA)</li> <li>○ Progressive Supranuclear Palsy (PSP)</li> <li>○ Corticobasal Degeneration (CBD)</li> <li>○ Dementia with Lewy Bodies (DLB)</li> <li>○ Other Parkinsonism or Atypical Parkinsonism</li> <li>○ Not Sure / Undetermined</li> </ul>
If you selected "Other Parkinsonism or Atypical Parkinsonism", please specify:	
3. Etiology	
What is the suspected or known etiology of Parkinson's disease in the patient?	<ul><li>○ Idiopathic (unknown cause)</li><li>○ Familial Parkinson's Disease</li><li>○ Environmental factors</li></ul>
If you selected "Familial Parkinson's Disease", please specify the genetic mutation if known:	<del></del>
If you selected "Environmental Factors", please specify if known:	
4. Disease Severity	
What is the current stage/severity of Parkinson's disease in the patient? • Hoehn and Yahr Scale:	<ul> <li>Stage 1 (Unilateral involvement only)</li> <li>Stage 2 (Bilateral involvement without impairment of balance)</li> <li>Stage 3 (Bilateral involvement with mild to moderate impairment of balance)</li> <li>Stage 4 (Severe disability but still able to walk or stand unassisted)</li> <li>Stage 5 (Wheelchair-bound or bedridden unless aided)</li> </ul>
5. Motor Assessment	
Please provide scores or results from validated cognitive assessment tools:	<ul><li>☐ Unified Parkinson's Disease Rating Scale (UPDRS)</li><li>☐ Other motor assessment tool</li></ul>
Unified Parkinson's Disease Rating Scale (UPDRS)	<ul> <li>Part I (Intellectual function, mood, behavior) score</li> <li>Part II (Activities of daily living) score</li> <li>Part III (Motor Examination) score</li> <li>Part IV (Motor complications) score</li> </ul>
Part I (Intellectual function, mood, behavior) score:	
Part II (Activities of daily living) score:	
Part III (Motor Examination) score:	

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Part IV (Motor complications) score:	
If you selected "Other motor assessment tool", please specify:	
6. Non-Motor Symptoms	
Are there significant non-motor symptoms associated with Parkinson's disease in the patient?	<ul><li>Yes</li><li>No</li></ul>
If you selected "Yes", please specify:	
7. Treatment Obtained	
Has the patient undergone any treatment for Parkinson's disease?	○ Yes ○ No
Yes	<ul><li>☐ Medications</li><li>☐ Non-pharmacological interventions</li></ul>
Medications:	<ul><li>□ Levodopa</li><li>□ Dopamine agonists</li><li>□ MAO-B inhibitors</li><li>□ Amantadine</li><li>□ Other</li></ul>
If you selected "Other", please specify:	
Non-pharmacological interventions:	<ul> <li>☐ Physical therapy</li> <li>☐ Occupational therapy</li> <li>☐ Speech therapy</li> <li>☐ Deep Brain Stimulation (DBS) therapy</li> <li>☐ Other</li> </ul>
If you selected "Other", please specify:	

